



Participation Agreement

For Permanent, Full-time (Non-OBRA) and OBRA Voluntary Employees Massachusetts Deferred Compensation SMART Plan

Return this form to:
ING Life Insurance and Annuity Company
1601 Trapelo Road
Waltham, MA 02451
To contact our Local Office
Call toll-free: 1-877-457-1900
Fax: 1-781-890-3580

Please type or print clearly in ink. ING Life Insurance and Annuity Company will be defined as "the Company", "we", "us", or "our" in this document.

Type of Agreement	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> New Participant <input type="checkbox"/> I am a New Participant <i>(Contact our Local Office)</i> </div> <div style="width: 45%;"> Change <input type="checkbox"/> Stop Contributions <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Restart Contribution </div> </div>			
	Life Insurance <input type="checkbox"/> Restart Life Insurance Premium Policy No. _____			
Information About You Please print. Changes to the Social Security No. or Date of Birth must be initialed by the Participant.	Plan Name <div style="text-align: center; font-weight: bold;">Massachusetts Deferred Compensation SMART Plan</div>			
	Billing Group No. <input type="checkbox"/> VFZ754 – Permanent, Full-time Employee (Non-OBRA) <input type="checkbox"/> VFZ757 – OBRA Voluntary (over the mandatory 7.5%)			
	Work Location (State, City/Town, or Authority)	Payroll Location No.	Department/Agency Name	Subcode
	Participant Name (First, Middle Initial, Last)			Social Security No.
	Participant Resident Address (No. & Street)			PO Box (optional)
	City/Town			State Zip Code
	Home Telephone No. ())	Work Telephone No. ())	Extension	
Contribution Amount No more than 25% of your total contribution can be allocated to the Life Insurance option under the Plan.	Please indicate the total amount to be deducted from your salary per pay period: \$ _____ <i>(Please note: Life Insurance premiums are deducted from your total contribution amount.)</i> <input type="checkbox"/> Weekly pay period <input type="checkbox"/> Bi-Weekly pay period <input type="checkbox"/> Monthly pay period Note: Monthly Minimum is \$20.00.			
Catch-up Contributions Check applicable provision (only one may be selected.)	<input type="checkbox"/> I am using the 457(b) Special Catch-up Provision - Available only during the three consecutive years prior to, but not including, the year you attain Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact the local office nearest you. <input type="checkbox"/> I am using the Age 50+ Catch-up Provision (for individuals age 50 and over by the end of year.) Date of birth: _____ (mm/dd/yyyy) You cannot use both the 457(b) special catch-up provision and the age 50+ catch-up provision during the same year. Please choose the option most beneficial to you.			
Effective Date Indicate the effective date of this Agreement.	The effective date indicated can be no earlier than the first pay period of the month following the completion of this form. If this is a change, please note that it may take several payroll cycles for your Payroll Location to process. We will forward this form to your Payroll Location. Salary Contributions/Changes will not be processed until this form is received by your Payroll Location.			
Multiple Employment	Are you or have you participated in the Massachusetts Deferred Compensation SMART Plan with a different Employer and/or Department/Agency? Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Previously Employed <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate Employer and/or Department/Agency Name: _____			
Participant Signature	This Agreement is made between the Participant and your Employer with respect to your participation in the Massachusetts Deferred Compensation SMART Plan. I understand that the information indicated above will remain effective until later changed or revoked by me.			
	Participant's Signature			Date (mm/dd/yyyy)
For Our Internal Use Only	Received by	Date Received	Date Sent to Payroll	System Enrollment Date
For File Use Only	Registered Representative	457(b) Catch-up Start Date	457(b) Catch-up End Date	
	Normal Retirement Age	Normal Retirement Age Date	457(b) Catch-Up Amount \$	Step-Up Amount \$